



SUZIE ROEHM VAN BUREN COUNTY CLERK

212 East Paw Paw Street, Suite 101, Paw Paw Michigan 49079
Phone (269) 657-8218 Fax (269) 657-8298
Beth Saidla, Chief Deputy Clerk

The Procedures form governing inspection on vital records documents prepared by the State Department of Public Health, Office of Vital Statistics, will be followed by the Van Buren County Clerk's Office.

Each individual making a request must present identification and register with the local registrar.

Van Buren County Clerk will allow inspection of Indexes of Marriages, Death and Divorce records on a first come first served basis on Tuesday through Friday of each week from 10:30 a.m. to 3:00 p.m., unless prior arrangements for appointed time are made. Space permits only two people researching at one time. The clerk reserves the right to deny inspections at any time if the same shall interfere with staff services to people.

Birth Indexes are not available for public inspection. We will however, verify a birth record if it is on file in our office. Birth records have been recorded in Van Buren County since 1867.

Record Books of Marriages and Deaths, upon specific request, are available for inspection by an individual eligible to receive a certified copy of the record and who has a legitimate research interest in inspecting the record when the record of interest cannot be located in the place specified in the Index or when there is the possibility that the record may not have been properly recorded or indexed.

Upon written request and payment of search fee, we can verify the following facts:

- (a) Name or names of the individual to whom the vital record pertains
- (b) The nature of the event
- (c) The date of the event
- (d) The place of the event
- (e) The date of the filing.

The fee for searching records is \$1.00 per liber, per name.

A Certified copy of a Death, Marriage or Divorce record may be issued to any applicant upon payment of the fee.

A Certified copy of a Birth record can be issued **ONLY** to persons specified in "Application form for Birth Certificate" upon payment of the fee.

The fee is \$13.00 for the first certified copy and \$4.00 for each additional copy of the same record purchased at the same time.

Upon receipt of the correct fee, your request will have our immediate attention.

Each Liber covers several years.

BIRTHS

Liber A	1867-1875
Liber B	1875-1884
Liber C	1884-1894
Liber D	1894-1907
Liber E	1907-1915
Liber F	1914-1922
Liber G	1922-1931
Liber H	1930-1934
Liber A-K	1935-1945
Liber L-Z	1935-1945
Liber	1946-1990
On comp	1990-

DEATHS

Liber B	1867-1891
Liber C	1891-1909
Liber D	1909-1925
Liber E	1924-1934
Liber A-K	1935-1945
Liber L-Z	1935-1945
Liber	1946-1990
on comp	1990-

MARRIAGES

Liber A	1836-1866
Liber B-1	1866-1879
Liber B-2	1867-1887
Liber C	1887-1905
Liber D	1905-1926
Liber E	1927-1968
Liber 1	1969-1978
Liber 2	1979-1989
Liber 3	1990-

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212 Paw Paw Street, Suite 101, Paw Paw, MI 49079-1496

Phone (269) 657-8218, Option 6; Fax (269) 657-8298

Email: clerk@vbco.org

REQUEST FOR COPY/COPIES OF VITAL RECORDS

COMPLETE THE FOLLOWING FOR ALL REQUESTS:

NAME & ADDRESS OF PERSON MAKING REQUEST: _____

Telephone: _____

I SIGN THIS DOCUMENT STATING THAT I AM NOT USING THIS CERTIFICATE FOR FRAUDULENT OR DECEPTIVE PURPOSES, SECTION 2894, ACT 368, PUBLIC ACTS 1978 AS AMENDED; MCL 333.2894.

SIGNATURE OF PERSON MAKING REQUEST: _____ DATE _____

Fees: \$13.00 FOR ONE CERTIFIED COPY OF A BIRTH, DEATH OR MARRIAGE RECORD.

\$4.00 FOR EACH ADDITIONAL COPY OF THE **SAME RECORD** PURCHASED AT THE SAME TIME.

WHEN REQUESTING A COPY BY MAIL: Please include a self-addressed stamped envelope with your request.

BIRTH RECORDS

Photo Identification must be presented when requesting a birth record in person; a photocopy is required for mail requests. **THE ADDRESS ON ID MUST MATCH THE MAILING ADDRESS.**

NAME ON BIRTH RECORD: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

FATHER'S FULL NAME: _____

MOTHER'S FULL MAIDEN NAME: _____

Check one of the following:

_____ I am requesting my own birth record.

_____ I am requesting my child's birth record.

_____ I am an heir of the person named in the record.

_____ I am a legal representative of the person named in the record.

DEATH RECORDS

NAME OF DECEASED: _____

DATE & PLACE OF DEATH _____

MARRIAGE RECORDS

NAME OF APPLICANT _____

NAME OF APPLICANT _____

DATE OF MARRIAGE: _____

FOR OFFICE USE:

NUMBER OF COPIES: _____ AMT COLLECTED: _____

DATE PROCESSED: _____ RECEIPT NO: _____